

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/07/490

APPLICANT(S)

10-6-25

CLAIMS

|                 | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|-----------------|----------|------|------------------------|------|------------------------|------|
|                 | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. |
| 101             |          |      |                        |      |                        |      |
| 102             |          |      |                        |      |                        |      |
| 103             |          |      |                        |      |                        |      |
| 104             |          |      |                        |      |                        |      |
| 105             |          |      |                        |      |                        |      |
| 106             |          |      |                        |      |                        |      |
| 107             |          |      |                        |      |                        |      |
| 108             |          |      |                        |      |                        |      |
| 109             |          |      |                        |      |                        |      |
| 110             |          |      |                        |      |                        |      |
| 111             |          |      |                        |      |                        |      |
| 112             |          |      |                        |      |                        |      |
| 113             |          |      |                        |      |                        |      |
| 114             |          |      |                        |      |                        |      |
| 115             |          |      |                        |      |                        |      |
| 116             |          |      |                        |      |                        |      |
| 117             |          |      |                        |      |                        |      |
| 118             |          |      |                        |      |                        |      |
| 119             |          |      |                        |      |                        |      |
| 120             |          |      |                        |      |                        |      |
| 121             |          |      |                        |      |                        |      |
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| 123             |          |      |                        |      |                        |      |
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| 127             |          |      |                        |      |                        |      |
| 128             |          |      |                        |      |                        |      |
| 129             |          |      |                        |      |                        |      |
| 130             |          |      |                        |      |                        |      |
| 131             |          |      |                        |      |                        |      |
| 132             |          |      |                        |      |                        |      |
| 133             |          |      |                        |      |                        |      |
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| 139             |          |      |                        |      |                        |      |
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| 143             |          |      |                        |      |                        |      |
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| 147             |          |      |                        |      |                        |      |
| 148             |          |      |                        |      |                        |      |
| 149             |          |      |                        |      |                        |      |
| 150             |          |      |                        |      |                        |      |
| TOTAL<br>IND.   |          | ↓    | 3                      | ↓    |                        | ↓    |
| TOTAL<br>DEP.   | ←        |      | 10                     | ←    |                        | ←    |
| TOTAL<br>CLAIMS |          |      | 13                     |      |                        |      |

|                 | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|-----------------|----------|------|------------------------|------|------------------------|------|
|                 | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. |
| 151             |          |      |                        |      |                        |      |
| 152             |          |      |                        |      |                        |      |
| 153             |          |      |                        |      |                        |      |
| 154             |          |      |                        |      |                        |      |
| 155             |          |      |                        |      |                        |      |
| 156             |          |      |                        |      |                        |      |
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| 172             |          |      |                        |      |                        |      |
| 173             |          |      |                        |      |                        |      |
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| 181             |          |      |                        |      |                        |      |
| 182             |          |      |                        |      |                        |      |
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| 184             |          |      |                        |      |                        |      |
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| 186             |          |      |                        |      |                        |      |
| 187             |          |      |                        |      |                        |      |
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| 192             |          |      |                        |      |                        |      |
| 193             |          |      |                        |      |                        |      |
| 194             |          |      |                        |      |                        |      |
| 195             |          |      |                        |      |                        |      |
| 196             |          |      |                        |      |                        |      |
| 197             |          |      |                        |      |                        |      |
| 198             |          |      |                        |      |                        |      |
| 199             |          |      |                        |      |                        |      |
| 200             |          |      |                        |      |                        |      |
| TOTAL<br>IND.   |          | ↓    |                        | ↓    |                        | ↓    |
| TOTAL<br>DEP.   | ←        |      | ←                      |      | ←                      |      |
| TOTAL<br>CLAIMS |          |      |                        |      |                        |      |

1 cent.